

2016-17 ON MY WAY PRE-K GRANTS



On My Way^{Pre-K}



THANK YOU FOR YOUR COMMITMENT TO THE CHILDREN OF INDIANA!

Thank you for your commitment to
On My Way Pre-K and the
Indy PSP program for the 2016-
17 school year!

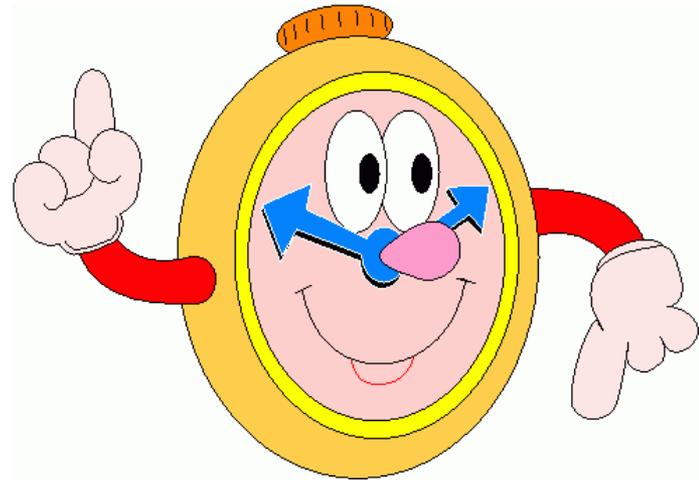
This is a unique opportunity to
demonstrate the need and build
the system for the future
generations of Indiana children
to assure school success!



TODAY'S AGENDA

What's happening now?

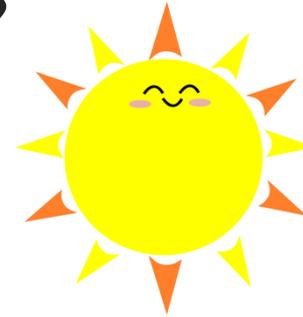
1. Lottery
2. Provider Information/Enrollment forms
 - a. Grant amounts/hours
 - b. Payment policies
3. Parent/Child enrollment
 - a. Emails
 - b. Provider portal
 - i. Copy of grant



TODAY'S AGENDA

What should You plan to do this summer?

1. ISTAR-KR
 - a. Consent forms
2. Set up Attendance Portal
3. Summer contacts



What should You expect this fall?

1. Attendance
2. Family Engagement
3. Claims/Invoices
4. Longitudinal Study



WHAT'S HAPPENING NOW?

Jan. 13, 2016 –
March 25, 2016
Applications
accepted

Plan is to have all
families placed by
June 30, 2016



Families chosen
in lottery notified
& attend
appointments
with local intakes



PROVIDER INFORMATION FORM




On My Way Pre-K
Provider Information Page
2016-2017

YOU MUST BE AN APPROVED ON MY WAY PRE-K PROVIDER TO COMPLETE THIS FORM
Date Completed: _____ Provider: *Make a copy for your records*

APPLICANT			
Parent (Guardian) Name:			
Parent Street Address:			
City:		Zip Code:	
Email:		Phone:	
PROGRAM INFORMATION			
Pre-K Program Name:			
Business Name or School District (if applicable):			
Pre-K Program Address:			
City:		ZIP Code:	License, RM, or EX #:
Phone:		Fax:	Email:
PROGRAM DATES			
<small>These are the dates that you operate your program for all children.</small>			
Program Start Date: . 2016		Program End Date: . 2017	
CHILD INFORMATION			
Pre-K Child's Name:			
Pre-K Child's Age (As of August 1, 2016):		Relation to Provider:	
PRE-K PROGRAM FOR THIS CHILD			
<small>Pre-K may be offered to each child for the academic year (e.g., August 2016-May 2017) or for a 12-month period (e.g., August 2016-August 2017). You determine the dates of each child's program, in agreement with the family. The dates may or may not be the same as your program dates. This information determines the correct amount of your ONWY GRANT reimbursement. See the On My Way Provider Payment Policies for more information on reimbursement.</small>			
Child's Start Date:		Child's End Date:	
A. # of days each week your program is offered			
B. # of weeks each program year your program is offered			
C. # of hours each week your program is offered			
Total days pre-K services offered/year: (A x B) min. 214 days		Total hours pre-K services offered/year: (C x B) min. 452 hours	
Provider Cost per Child for a Program Year: <small>This is your cost to provide pre-K (excluding any additional fees) to a child for the duration of the dates listed above. This is the same rate that you charge private-pay families before a sliding fee scale or any scholarship funds are applied.</small>			
PROVIDER AFFIRMATION			
I affirm the information provided on this application form is true and correct. Further, I affirm pre-K services will be provided at the address listed above. I also understand I must allow unscheduled visits by a parent or legal guardian to my pre-K program during the hours the pre-K program is operating.			
In signing this application, I certify I am the individual listed above or authorized designee.			
Authorized Provider Signature:			Date:

* If family has more than one eligible child to enroll, complete a form for each additional child.

Form Version Date: March 2016- Appendix 1

This is what the provider form looks like- ONLY parents who have been chosen will have this form

PROVIDER INFORMATION FORMS

PROGRAM DATES These are the dates that you operate your program for all children

Program Start Date: _____, 2016 Program End Date: _____, 2017

Child's Start Date:		Child's End Date:	
A. # of days each week your program is offered			
B. # of weeks each program year your program is offered			
C. # of hours each week your program is offered			
Total days pre-K services offered/year: (A x B) <i>min. 114 days</i>		Total hours pre-K services offered/year: (B x C) <i>min. 450 hours</i>	
Provider Cost per Child for a Program Year:			

SERVING HOOSIER CHILDREN IN THE BEST WAY POSSIBLE

Families may use CCDF and or Head Start services in addition to On My Way Pre-K grants providing that the funding does not duplicate or supplant federal funding streams.

CCDF families with full time vouchers overlapping the same hours as the pre-K should keep their voucher and ask for a provider change if necessary.

Current CCDF families should not forfeit their CCDF voucher for an OMW grant if they still meet CCDF eligibility

HS families should not forfeit their HS funding for an OMW grant. HS families could use grant for the other ½ of a HS day to extend for a full day

Families may use CCDF to cover wrap around, breaks or second and third shift care in addition to receiving an On My Way Pre-K grant.

COST OF PROGRAM

- The cost of your program should include all fees associated with enrollment and attendance for the pre-k program. (enrollment fees, field trip fees, book fees, etc.) Parents cannot be charged for these fees.
- The On My Way Pre-K grant can only pay for pre-k program times. If wrap-around care is needed for extended day, you may choose to provide this to grant families and may charge additional fees. Grants can cover a full day program including lunch and nap if these are included in your pre-k day!
- The grant amounts are set by statute and may not cover your total costs.
- Grant maximums may exceed your cost per child but you will not be reimbursed for more than it cost you to provide services.

GRANT AMOUNTS / PAYMENT POLICIES

- IC 12:17.2-7.2 set a minimum amount of \$2,500 and a maximum amount of \$6,800 for each grant.
- A provider's maximum reimbursement rate is tiered based on the number of hours offered per program year.

Program Design	Minimum Hours/Year	Maximum Allowable Reimbursement Rate
Type A	1190	\$6800
Type B	900	\$5130
Type C	595	\$3390
Type D	450	\$2,565

- On My Way Pre-K providers will not be reimbursed for more than their cost of providing Pre-K services for the number of hours operated by the program and stated on the Provider Information Page.

PARENT/CHILD ENROLLMENT

From: Indiana Pre K No Reply [<mailto:Prek@carefinderindiana.org>]

Sent: Wednesday, April 20, 2016 7:00 AM

To: Your Name

Subject: Indy PSP/On My Way Pre-K: Activated Grants

Grant has been activated for the following case(s):

12345-1

Enrollment data will need to be entered for these children before attendance records may be submitted.

Please access the Facility Set-up portion of the Provider Portal to input child enrollment information

Please log into the following website to review and print the active grants: [Click Here](#)

If you have any questions or concerns please contact Beth Barrett at (317) 234-8882 or Beth.Barrett@fssa.IN.gov

LOG IN TO PORTAL

<https://prek.carefinderindiana.org/SystemSecurity/Account/Login.aspx>

User Acceptance Testing



Please sign in

User Name

Password

Sign In

This system may contain Government information, which is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030, and may subject the individual to Criminal and Civil penalties pursuant to Title 26, United States Code, Sections 7213, 7213A (the Taxpayer Browning Protection Act), and 7431. This system and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in the acquisition, recording and analysis of all data being received, communicated, transmitted, processed or stored in this system by a user. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to Law Enforcement Personnel. ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING.

Guest

Build:1.1.5750 Date:9/29/2015

1. Log in using your IPKIS Provider Portal username and password

Please contact TCCSupport@e-tcc.com for account and password requests

COPY OF EACH GRANT

State Of Indiana On My Way Pre-K Grant

Family and Social Services Administration
for the period 12/15/2014 through 8/14/2015
THIS IS A GRANT FOR PRE-K SERVICES

Parent/Guardian: Hurt, Chad 123 Location Indpls IN 46404 County: Lake	Program: After School Program 7147 Kenny Ave Hammond IN 46323 County: Lake Phone: (219)937-7373
Child: Hurt, Arthur Date Of Birth: 1/1/2010	Mailing Address: 505 W. 56th Ave Merrillville IN 46410
Case Number: 10091-1	Type: Public School
Intake Agency: Geminus Corp./NWI CCDF Program Phone Number: (888) 757-1957	

Grant Info	
Rate Type: Type B-1	1st Semester Installment: \$0.00
Hours/Week: 20.00	2nd Semester Installment: \$1949.40
Weeks/Year: 32	Summer Installment: \$615.60
Hours/Year: 640.0000	Total Grant Amount: \$2565.00

Signature: _____ **Date:** _____
Director, Office Of Early Childhood And Out of School Learning

When a family completes the enrollment process with their local intake agent, you will receive the previous email and will be able to view a copy of each child's grant via the provider portal.

PROVIDER QUEUE

- Status Bar will display along top of screen with provider information for the facility selected from the Provider dropdown on the Dashboard.
- Individual child records will be displayed in the grid below for all children with grants assigned to your facility for the current school year.
- Selecting  **View Grant** will generate a PDF of the grant for that child.

 On My Way Pre-K

Indiana PreK Provider Portal System
Funshine Children's Center

Provider: Funshine Children's Center

 Sign Out

Provider

Provider Name: Funshine Children's Center
License #: 125541
Email Address: funshineforkids@sbcglobal.net

Type: Licensed Center
PTQ: 3
Phone #: (317)872-7755

Address: 3535 West 96th Street
City/State: Indianapolis IN
County: Marion

Click print from the results below to open/print the Grant

Search Results (4)

	Case Number	Child	Program	Program Type	Date Of Birth	School Year	Hours/Week	Weeks/Year	Provider Rate	Reimbursement Rate	Child Status
 View Grant	10623-1	Beulah Miller	OMW	Type A	8/1/2011	2015 - 2016	40.00	40	\$6,800.00	\$6,800.00	Active Participant
 View Grant	11320-3	Courtney Mason	OMW	Type A	8/1/2011	2015 - 2016	40.00	40	\$6,800.00	\$6,800.00	Active Participant
 View Grant	11320-2	Dorothy Monsoon	OMW	Type A	8/1/2011	2015 - 2016	40.00	40	\$6,800.00	\$6,800.00	Active Participant
 View Grant	34947-1	Emmett Mitchell	Indy PSP	Type A	8/31/2010	2015 - 2016	40.00	40	\$6,800.00	\$6,800.00	Active Participant

ISTAR-KR

On My Way Pre-K providers must administer the ISTAR-KR assessment a *minimum* of 2 times per year:

1. Fall assessment within 6 weeks of the first day
2. Spring assessment within 6 weeks of last day

****Please note: All assessments must be entered no later than June 30th each year**

This tool is provided at no cost by the Indiana Department of Education (IDOE). **Programs must register with IDOE prior to the beginning of the 2016-17 school year in order to access the tool.** To begin the registration process, please email istarkr@doe.in.gov.

You can find more information about ISTAR-KR on the IDOE website <http://www.doe.in.gov/assessment/istar-kr>

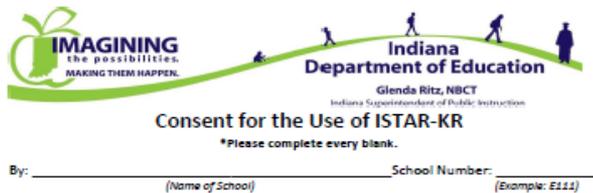
PROVIDER AGREEMENT

Complete registration with the Indiana Department of Education as an administrator for the ISTAR-KR student assessment **prior to the beginning of the program start date.**

Programs will assist families with the completion of the ISTAR-KR parent agreement so that each On My Way Pre-K child is assigned a Student Test Number (STN) within two weeks of the start date of each student with a grant.

All staff and children must be assigned **no later than September 15th** of the program year, or On My Way Pre-K semester tuition payments may be held until completed.

UPDATED CONSENTS



IMAGINING
the possibilities.
MAKING THEM HAPPEN.

Indiana
Department of Education
Glenda Ritz, NBCT
Indiana Superintendent of Public Instruction

Consent for the Use of ISTAR-KR
*Please complete every blank.

By: _____ School Number: _____
(Name of School) (Example: E111)

I, _____, hereby consent to my child's participation in the ISTAR-KR (Indiana Standards Tool for Alternate Reporting of Kindergarten Readiness) assessment. Use of the ISTAR-KR assessment will allow me to receive periodic reports on the skills that my child has demonstrated in the areas that build toward kindergarten readiness and eventual success in school.

I understand that any data obtained from my child's ISTAR-KR assessment will be stored in a secure database that is maintained by the Indiana Department of Education and also designed to be compliant with the Family Educational Rights and Privacy Act (34 CFR Part 99).

I understand that my child's ISTAR-KR data may be accessed only by the program/facility or local education agency in which my child currently is enrolled. I further understand that my child's ISTAR-KR data will be made available to any Indiana public school that my child may attend in the future.

I understand that granting consent for the use of the ISTAR-KR assessment is voluntary. I also understand that I may revoke my consent at any time but that such revocation must be in writing in order to become effective. I further understand that any revocation of consent shall not be retroactive and, therefore, will not apply to ISTAR-KR assessments conducted prior to the written revocation of consent.

Student's Full Legal Name (printed) _____ Student's Date of Birth _____

Parent/Guardian Name (printed) _____ Relationship to the Student _____

Parent/Guardian Name (signature) _____ Date _____

Additional Information (optional):
Race/Ethnicity:

American Indian Black (Not of Hispanic Origin) Asian
 Hispanic White (Not of Hispanic Origin) Multiracial
 Native Hawaiian or other Pacific Islander

Home Language: _____

Form Revised 3/2016

Box added at bottom to assist programs:

Additional Information (optional):

Race/Ethnicity:

- American Indian
- Black (Not of Hispanic Origin)
- Asian
- Hispanic
- White (Not of Hispanic Origin)
- Multiracial
- Native Hawaiian or other Pacific Islander

Home Language:

Email istarkr@doe.in.gov and they will be happy to send you the attachment if needed

ATTENDANCE PORTAL

User Acceptance Testing

 Indiana PreK Provider Portal System
EVSC Preschool at Caze  Help Sign Out

Grant Children Attendance

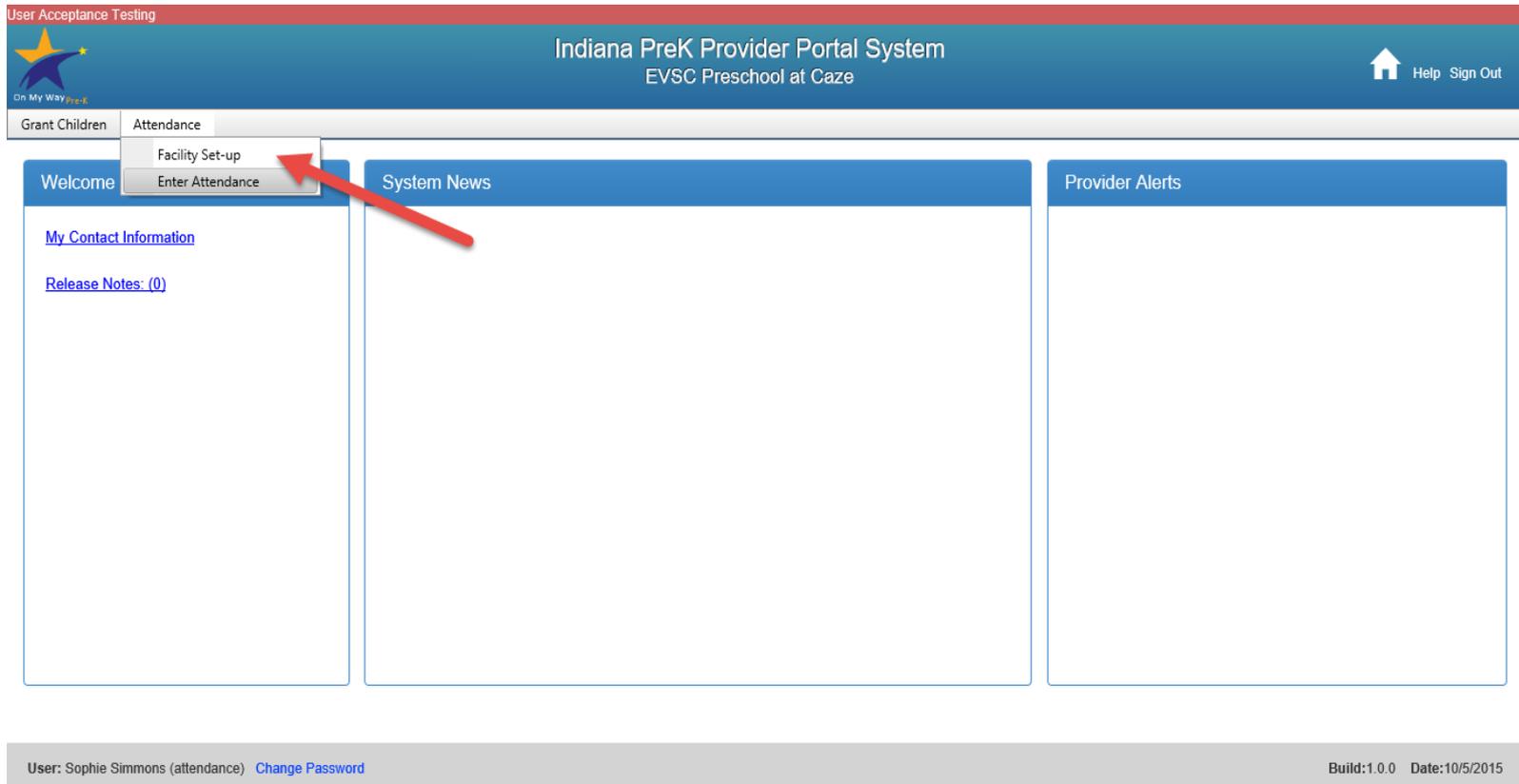
Welcome **Attendance** System News Provider Alerts

- Facility Set-up
- Enter Attendance

[My Contact Information](#)

[Release Notes: \(0\)](#)

User: Sophie Simmons (attendance) [Change Password](#) Build:1.0.0 Date:10/5/2015



Select Facility Set-Up from the Attendance dropdown to begin

FAMILY ENGAGEMENT-SUMMER

- ➔ It is imperative that we engage these families to assure their return in August!
- ➔ Collect contact information of families enrolling & stay in contact
- ➔ Keep these families informed of activities and program start dates to assure attendance in fall
- ➔ Be creative



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INVOLVEMENT VS. ENGAGEMENT

Parent Involvement

- Implies “doing to”
- Provider-directed; family expected to participate
- Provider serves clients
- Can work with some families

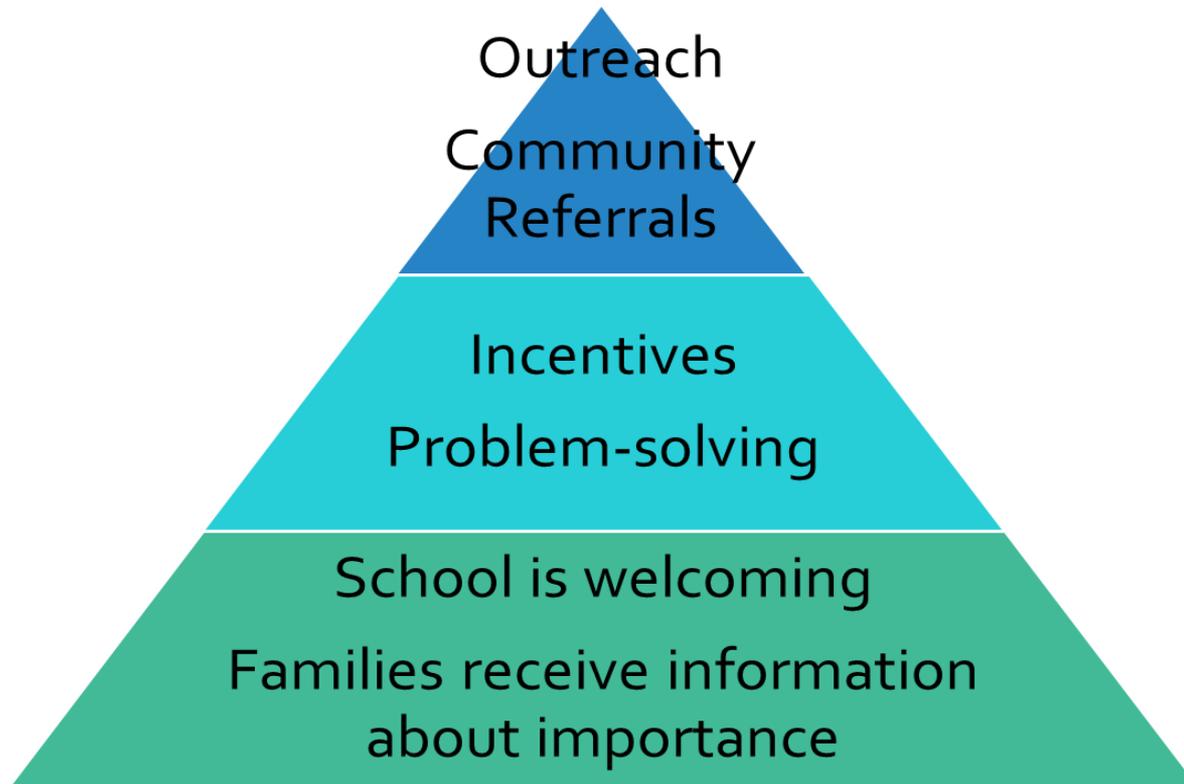
Family Engagement

- Implies “doing with”
- Family equal partner; Provider listens to hopes and dreams
- Provider gains partners
- Focuses on building relationships and empowering the family; more inclusive of all families

ATTENDANCE = FAMILY ENGAGEMENT NOT EXPULSION

- 85% attendance requirement – why?
- What should you do?
 - Track it
 - Be proactive
 - Be positive
 - Individualize
- Why we care?

STEPS TO GOOD ATTENDANCE



www.attendanceworks.org

ATTENDANCE PORTAL



Attendance

Please select the week for which you would like to enter attendance from the dropdown below. You may also select a schedule option and/or classroom from the corresponding dropdowns. Doing so will filter the attendance grid for the week selected. Only children from the selected classroom and/or schedule option will be displayed. You may also sort the attendance grid by any of the column headers.

[Last Week](#)

Search Results (7)

	Student First Name	Student Last Name	Schedule Option	Classroom	Monday	Tuesday	Wednesday	Thursday	Friday
Edit	John	Smith	Half Day AM	Maple		No Service		No Service	
Edit	Jane	Doe	Half Day AM	Maple		No Service		No Service	
Edit	Mary	White	Half Day AM	Maple		No Service		No Service	
Edit	Jenny	Black	Half Day AM	Maple		No Service		No Service	
Edit	Mike	Johnsc	Half Day AM	Maple		No Service		No Service	
Edit	Joe	Smith	Half Day AM	Maple		No Service		No Service	
Edit	Walter	White	Half Day AM	Maple		No Service		No Service	

1. Entering WEEKLY attendance: If you would like to enter weekly attendance for a child, click Edit to the left of the child name. Weekly attendance screen for that child will be displayed.
2. Entering DAILY attendance: If you would like to enter daily attendance for a group of children, click the attendance grid column header for that day. Daily attendance screen will be displayed for all children in the attendance grid.

CAUTION: Upon entrance of first attendance record, you will no longer be able to make changes to facility date, schedule options, or child enrollment information. Please ensure that all information is accurate before entering attendance.

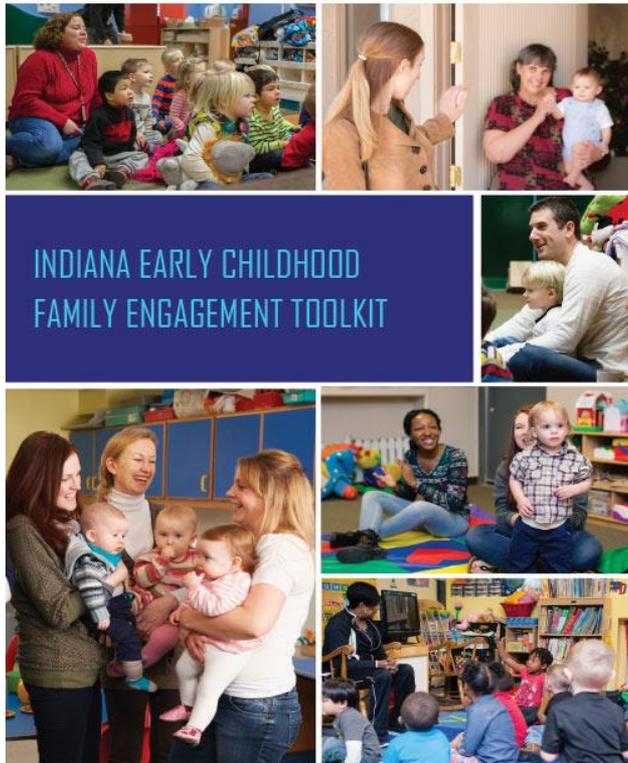
EXPULSION

As an OMW Program – You agreed to:

- Promote children’s social-emotional and behavioral health and eliminate or severely limit the use of expulsion, suspension, and other exclusionary discipline practices;
- These exclusionary measures should be used only as a last resort in extraordinary circumstances where there is a determination of a serious safety threat that cannot otherwise be reduced or eliminated by the provision of reasonable modifications.
- OECOSL must be informed and approve any expulsion, suspension or other exclusionary discipline practices.

FAMILY ENGAGEMENT TOOLKIT

For 2016-17, programs are required to complete the Family Engagement Toolkit adopted by ELAC.



- This self assessment provides a roadmap for ongoing program improvement
- Includes 22 indicators of family engagement
- Four stages of advancement:
 1. Entering,
 2. Emerging,
 3. Progressing
 4. Excelling

You can download a copy of the toolkit at:
www.ELACIndiana.org/resources/

CLAIMS

- August claim forms will be generated for each provider who has children enrolled for the 2016-17 pre-K year with a start date prior to September 1, 2016. Claims will be generated each month for new grants.
- The process for On My Way Pre-K grants and Indy PSP scholarships is different due to the agency making the payment.
 - FSSA makes payments on On My Way Pre-K grants, the United Way of Central Indiana makes payments for the Indy PSP.
- Please check your enrollment in the provider portal and assure children are currently enrolled in your program to decrease delays in payments. Children not attending should be terminated in the attendance portal.

LONGITUDINAL STUDY

- Purdue University/ Jim Elikar has been awarded the contract for this work. They will be working closely with you throughout the year
- Studying students who participate in the pilot program to determine the school readiness and measures of achievement those students in kindergarten and later grades
- Includes a comparison of grade 3 assessment results of On My Way Pre-K students and a control group who did not participate in the pilot
- Also includes parent engagement evaluations for staff and parents

LONGITUDINAL STUDY PARTICIPATION

State is contracting with Purdue to continue the longitudinal study with a second cohort of children for 2016-17.



Additional 100 OMW Pre-K children and 100 additional comparison children



Increase the data collected concerning benefits of OMW Pre-K to parents and families



Fall/Spring assessments at each site



Nov – Feb – CLASS assessments at each participating site



Teacher interviews (parent involvement)

COUNTY PROJECT MANAGERS

County	Name	Agency	Address	Phone	Email
Allen	Kim Fullove	United Way of Allen County	334 E Berry St Fort Wayne, IN 46802	260-469-4009	kim.fullove@uwacin.org
Jackson	Natasha Langford	Jackson County Education Coalition	107 Community Drive Seymour Indiana 47274	812-521-2499	natasha@jceconline.org
Lake	Valerie Castillo	Geminus Corporation	8400 Louisiana St. STE200 Merrillville, IN 46410	219-757-1865	valerie.castillo@geminus.org
Marion	Marla Segal	Early Learning Indiana	615 N. Alabama St., Ste 300 Indianapolis, IN 46204	317-679-8882	marlas@childcareanswers.com
Vanderburgh	Lora Stephens	4C of Southern Indiana, Inc.	600 SE Sixth Street Evansville, Indiana 47713	812-423-4008 ext 109	lstephens@child-care.org

WHAT ADDITIONAL QUESTIONS DO YOU HAVE??



Beth Barrett
OECOSL Pre-K Manager

Beth.Barrett@fssa.in.gov

Phone: 317-234-8882

Fax: 317-237-6905